



State Employees' Charitable Campaign

SPECIAL EVENT REPORT ENVELOPE

FOR CAMPAIGN ADMINISTRATORS USE ONLY

Pick Up/Drop Off: ____/____/____

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

DEPARTMENT/SECTION: _____

DDS CODE: _____

ADDRESS: _____

CITY/ZIP: _____

NAME OF CHAIR OR
CAPTAIN: _____

PHONE NUMBER OF CHAIR OR
CAPTAIN: _____

SPECIAL EVENT MONIES ONLY **(Cash and Checks Only)**

Name of Approved Charity	Charity 5-Digit Code		Total Cash	Total Checks	Total Gift
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Total in Envelope			\$	\$	\$

By signing below, I am affirming the validity of this envelope face and content.

NOTE: Two (2) signatures (SEALED ENVELOPE) are required.

Chair: _____ Date: ____/____/____

Captain: _____ Date: ____/____/____

Haslet Armory Point Person #1: _____ Date: ____/____/____

Haslet Armory Point Person #2: _____ Date: ____/____/____

Please Keep a Copy for Your Records

IMPORTANT REMINDER

Kent/Sussex County envelopes will be delivered to Bridget Wallace at the Haslet Armory.

All New Castle County envelopes will be picked up by United Way. To schedule a pick up contact Deborah Armstrong at darstrong@uwde.org.

"DO NOT LEAVE ENVELOPES"

Check(s)	\$20	\$10	\$5	\$1	\$.25	\$.10	\$.05	\$.01
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